

<p style="text-align: center;">STATE OF VERMONT AGENCY OF HUMAN SERVICES DEPARTMENT OF CORRECTIONS</p>	<p style="text-align: center;">Suicide Prevention and Response to Self-Injurious Incarcerated Individuals</p>		<p style="text-align: center;">Page 1 of 10</p>						
<p style="text-align: center;">CHAPTER: PROGRAMS – TREATMENT PROGRAMS</p>	<p style="text-align: center;">#362</p>	<p>Supersedes: Interim Memo #362, <i>Suicide Prevention and Response to Self-Harm</i>, dated 6/3/2019</p>							
<p>Local Procedure(s) Required: No Applicability: All staff (including contractors and volunteers) Security Level: “B” – Anyone may have access to this document.</p>									
<p>Approved:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><u>SIGNED</u></td> <td style="width: 33%; border: none;"><u>01/23/2023</u></td> <td style="width: 33%; border: none;"><u>02/06/2023</u></td> </tr> <tr> <td style="border: none;">Nicholas J. Deml, Commissioner</td> <td style="border: none;">Date Signed</td> <td style="border: none;">Date Effective</td> </tr> </table>				<u>SIGNED</u>	<u>01/23/2023</u>	<u>02/06/2023</u>	Nicholas J. Deml, Commissioner	Date Signed	Date Effective
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PURPOSE

This policy outlines the Vermont Department of Corrections’ (DOC) approach and response to self-injurious behavior by incarcerated individuals and establishes procedures for suicide prevention.

AUTHORITY

28 V.S.A. §§ 101(1), 801, and 907

DEFINITIONS:

15-Minute Observation: Physical observation of an individual at staggered intervals not to exceed every 15 minutes. This means that within one hour there should be, at a minimum, five documented observations.

30-Minute Observation: Physical observation of an individual at staggered intervals not to exceed every 30 minutes. This means that within one hour there should be, at a minimum, three documented observations.

Constant Observation: Continuous physical observation of an individual.

Columbia Suicide Severity Risk Scale (C-SSRS): A screening tool used to support suicide risk assessment through a series of simple, plain-language questions that anyone can ask. The answers help users identify whether someone is at risk for suicide, assess the severity and immediacy of that risk, and gauge the level of support that the person needs.

National Commission on Correctional Health Care (NCCHC) defined Qualified Mental Health Provider (QMHP): A term defined by NCCHC, which includes psychiatrists, psychologists, psychiatric social workers, psychiatric nurses, and others who, by their education, credentials, and experience, are permitted by law to evaluate and care for the mental health needs of patients.

Qualified Health Care Professional (QHCP): Any person who by virtue of their education, credentials, and experience is permitted by law to evaluate and care for patients. This includes, physician's assistants, nurses, nurse practitioners, dentists, and mental health professionals.

POLICY

This policy seeks to address the health and safety of incarcerated individuals at risk for self-injurious ideation and behavior, establish standard procedures for suicide prevention, and require staff to apply these procedures consistently in all facilities. The DOC recognizes that individuals have experienced trauma. To that end, the DOC is committed to providing those under its custody and supervision with compassion, dignity, and the best available treatment.

GENERAL PROCEDURES

A. Facility and Initial C-SSRS Screening

1. As part of any admission, return (e.g., court, medical appointment), or transfer of an individual to a facility, the correctional officer (CO) assigned to Admissions and Control, or "Booking" (herein "Booking Officer") shall:

- a. Ask law enforcement or corrections field personnel for any information about the individual’s mental status, and suicidal or self-injurious ideation, behaviors, or plans. If the Booking Officer learns that the individual is suicidal, or engaged in self-injurious ideation, behaviors, or plans, they shall immediately notify the Correctional Facility Shift Supervisor (CFSS) and NCCHC defined Qualified Mental Health Provider (herein “QMHP”);
 - b. Administer the Columbia-Suicide Severity Rating Scale (C-SSRS). If the incarcerated individual screens at the orange or red level (e.g., medium to high risk) or is unable to answer the screening questions on the C-SSRS (e.g., refusal, incapacity, violence), the Booking Officer shall immediately and verbally notify the appropriate CFSS and QMHP, or Qualified Health Care Provider (QHCP), if a QMHP is not available;
 - c. Establish a temporary housing unit placement and observation level for the incarcerated individual until the QMHP can complete their clinical assessment; and
 - d. Create an incident in the individual’s record in Offender Management System (OMS), in accordance with the OMS technical guide instructions, documenting:
 - i. The incarcerated individual’s screening results;
 - ii. If they were unable to answer the screening questions; and/or
 - iii. Any information learned from law enforcement or correctional field personnel.
2. OMS generates a notification to the facility Health Services Administrator (HSA) and the CFSS when an incarcerated individual is unable to answer the C-SSRS; or screens at the following levels:
- a. Yellow, orange, or red level (e.g., low, medium, or high risk); or
 - b. No risk level, but the Booking Officer learns from law enforcement or correctional field personnel that they may have suicidal or self-injurious ideation, behaviors, or plans.

B. Clinical Assessment and Treatment by a QMHP

- 1. A QMHP shall:
 - a. Review the incarcerated individual’s current C-SSRS screening completed by Booking Officer, and any historical screening results;

- b. Complete a clinical assessment (herein “assessment”) (see Table 1. C-SSRS Level Table below) within:
 - i. Two hours of notification:
 - a) For incarcerated individuals who screen at a red level (high risk) level; or
 - b) When there is information from law enforcement or correctional field personnel indicating that an individual may have suicidal or self-injurious behavior; and
 - ii. Twenty four hours of notification for incarcerated individuals who screen at a yellow or orange level (e.g., low to medium risk);
- c. Document the assessment results in the incarcerated individual’s electronic health record (EHR); and
- d. Develop an individualized and written Safety Plan for incarcerated individuals who screen at an orange or red level (e.g., medium to high risk) on the C-SSRS, as medically necessary, modify it to respond to increased – or decreased – risk of suicidality and self-injurious behavior.
 - i. The Safety Plan shall provide DOC staff with clear directions on how to support an incarcerated individual on suicide precautions including the QMHP’s determination on the appropriate level at which DOC staff shall monitor an incarcerated individual, their recommendation on the housing unit placement and other conditions , and a referral for an Open Ears Coach.
 - ii. The QMHP shall enter the Safety Plan into the incarcerated individual’s EHR and make the Safety Plan available to the Superintendent, or designee, and the CFSS.

C. Housing Unit Placement and Observation Level Determination

- 1. Once the QMHP completes their assessment, they shall recommend a housing unit placement and other conditions that prioritize the incarcerated individual’s health and safety as well as determine the appropriate level at which facility staff shall monitor an individual who is on suicide precautions (e.g., 15-minute, 30-minute, or constant observation).

- a. The QMHP may recommend a higher level of observation regardless of the incarcerated individual's screening results.
 - b. The QMHP shall communicate the level at which they determine an incarcerated individual shall be monitored, and any subsequent changes, to the CFSS.
2. The CFSS shall:
- a. Upload any individualized Safety Plans submitted by the QMHP into the incarcerated individual's OMS record, in accordance with the technical guide; and
 - b. Inform the Living Unit Supervisor (LUS), or assigned facility staff, of the QHCP's recommended housing unit placement. The LUS, or assigned facility staff, shall coordinate the incarcerated individual's housing unit placement. The LUS, or assigned facility staff:
 - i. Shall house incarcerated individuals in the least restrictive observable housing option available; and
 - ii. Shall not place an incarcerated individual on disciplinary segregation for self-harming behaviors, in accordance with the policy on responding to inmate behavior that violates facility rules.
 - c. Assign facility staff to physically monitor all incarcerated individuals at the level of observation required by the QMHP's determination.
 - i. The assigned facility staff, may use closed-circuit television monitoring as a supplement to, but never a substitute for, the physical monitoring.
 - ii. All DOC staff assigned to monitor an incarcerated individual (in person or using closed-circuit television) who is known to be in a state of undress (e.g., bathrooming, showering, constant observation) shall be of the same gender as that individual.
 - d. Ask the incarcerated individual if they want to meet with an Open Ears Coach regardless of their observation level. The CFSS, or assigned facility staff, shall offer a meeting with an Open Ears Coach at least once per shift and coordinate the meetings when the incarcerated individual agrees to meet with an Open Ears Coach;
 - e. Avoid using restraints on suicidal incarcerated individuals. If other, less restrictive, methods of preserving the incarcerated individual's safety are inadequate, the CFSS, or assigned facility staff, shall follow

- the procedures, in accordance with the policy on the use of restraints; and
- f. Document the incarcerated individual's behavior and general condition by tracking their observations. If the assigned facility staff believe there is a need for a more restrictive level of observation, they shall immediately notify the CFSS and the QMHP. When this occurs:
 - i. The QMHP shall reassess the incarcerated individual and update their Safety Plan, as needed. The QMHP shall communicate any changes to an individual's observation level, or recommendations about their housing unit placement or other needs to the CFSS.
 - ii. The CFSS shall coordinate any changes to the incarcerated individual's housing unit placement and observation level with the LUS, or assigned facility staff, as appropriate.
3. Any facility staff who has knowledge of an incarcerated individual's suicidal or self-injurious ideation, behaviors, or plans shall immediately:
 - a. Notify a CFSS and a QHCP or QMHP; and
 - b. Document using an incident in the incarcerated individual's OMS record. Facility Staff shall include:
 - i. The incarcerated individual's behavior;
 - ii. Anything believed to be related to the event; and
 - iii. The actions taken by facility staff.
 4. Any facility staff who observe an incarcerated individual engaging in suicidal or self-injurious behavior shall:
 - a. Immediately notify a CFSS and QHCP or QMHP of the emergency, using the two-way radio;
 - b. Complete a safety check of the scene;
 - c. Initiate the appropriate medical response until they are relieved by a QHCP;
 - d. Secure the scene; and
 - e. Document it as an incident in the incarcerated individual's OMS record. Facility staff shall include:
 - i. The incarcerated individual's behavior;
 - ii. Anything believed to be related to the event; and
 - iii. The actions taken by facility staff.

5. In the event of a death facility staff shall follow the procedures in the policy on death response and review.
6. The HSA and the Superintendent or designee shall ensure that all facility staff and incarcerated individuals affected by an attempted or completed suicide are offered clinical services and support.
 - a. For staff, this may include the use of peer support, grief counselors, mental health personnel, or other designated personnel.
 - b. For incarcerated individuals, this may include access to an Open Ears Coach and counseling provided by the health care contractor, or access to other supports including religious services.

D. Ongoing Monitoring

1. Each morning of each business day, a multidisciplinary team comprised of the Superintendent or designee, and representatives from casework staff, facility security, and the health care contractor shall discuss the status of incarcerated individuals who screen yellow, orange, or red (e.g., low, medium, or high risk) on the C-SSRS and any emergent situations that may require immediate attention
2. The QMHP shall:
 - a. Conduct clinically driven follow-up care or assessments for any incarcerated individuals who screen:
 - i. At an orange, or red level (e.g., medium to high risk);
 - ii. At a yellow level (low risk); or
 - iii. No risk level, but for whom there is information from law enforcement or correctional field personnel indicating that the individual may have suicidal or self-injurious ideation, behaviors, or plans;
 - b. Reassess the risk level of the incarcerated individuals on suicide precautions each shift, or within 24 hours, in accordance with Table 1. C-SSRS Level. The QMHP shall also communicate any changes to an incarcerated individual's Safety Plan to the appropriate CFSS.
3. The CFSS shall:
 - a. Inform the facility staff assigned to monitor an incarcerated individual who is on suicide precautions about any changes the QMHP makes to their observation level;

- b. Ensure that the LUS, or assigned facility staff, monitor all incarcerated individuals who are on suicide precautions and document their observations;
 - c. Communicate any observed changes in the incarcerated individual's behavior or condition to the QMHP and
 - d. Brief the incoming CFSS during a shift change on the status of all incarcerated individuals who are being monitored.
4. The LUS, or assigned facility staff, shall:
- a. Coordinate any changes to an incarcerated individual's housing unit placement; and
 - b. Consider a QMHP's recommendation to change a housing unit placement based on an incarcerated individual's medical need.

E. Medical Equipment

The health care contractor shall ensure that each facility contains the appropriate medical equipment including Automatic External Defibrillator (AED).

F. Training

- 1. Facility staff who work in direct contact with incarcerated individuals (e.g., correctional officer I and II, CFSS, LUS) shall annually complete a two-hour training on suicide prevention.
- 2. All new DOC correctional officers shall complete the suicide prevention training at the DOC correctional academy before they work with incarcerated individuals without direct supervision.

Table 1. C-SSRS Level Table

Screening Result	Housing Unit Placement	Property Allowance	Observations	Mental Health
Yellow	General Population	As determined by the QMHP and CFSS	30-minute checks	<ul style="list-style-type: none"> • Immediate referral to a QMHP • The QMHP assesses within 24 hours • The QMHP reassesses every 24 hours • Reassessment ends when a QMHP determines reassessment is no longer necessary
Orange	General Population	As determined by the QMHP and CFSS	15-minute checks	<ul style="list-style-type: none"> • Immediate referral to a QMHP . • The QMHP assesses within 24 hours • The QMHP reassesses every 24 hours • Reassessment ends when a QMHP determines reassessment is no longer necessary.

<p>Red</p>	<p>Removed from General Population and placed in the least restrictive alternative housing option available that allows for the safety and observation of the incarcerated individual</p>	<p>As determined by the QMHP and CFSS</p>	<p>Constant Observation</p>	<ul style="list-style-type: none"> • Immediate Referral to a QMHP • The QMHP assesses within 2 hours • The QMHP reassesses every shift • Reassessment ends when an MHP determines reassessments is no longer necessary
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